



**STATE OF TENNESSEE  
ALCOHOLIC BEVERAGE COMMISSION**

Davy Crockett Tower  
500 James Robertson Pkwy, 3<sup>rd</sup> Floor  
Nashville, TN 37243  
615-741-1602

[www.tn.gov/abc](http://www.tn.gov/abc)

4420 Whittle Springs Road  
Knoxville, TN 37917  
865-594-6342

170 North Main, 11<sup>th</sup> Floor  
Memphis, TN 38103-1877  
901-543-7284

540 McCallie Avenue, Suite 341  
Chattanooga, TN 37402-2055  
423-634-6434



ALL signature spaces MUST  
be signed and notarized.

**SECURITY AFFIDAVIT**

Date: \_\_\_\_\_, 20 \_\_\_\_\_

STATE OF TENNESSEE )  
COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, being first duly sworn, depose and say:

1. I am over 18 and make this affidavit on my personal knowledge.
2. I am applying for an on-premise liquor-by-the-drink license for \_\_\_\_\_  
doing business as \_\_\_\_\_ ("the establishment") located at \_\_\_\_\_
3. The establishment listed above provided adequate security during all hours of operation.
4. The security plan of the establishment is based on the totality of the circumstances and includes consideration of factors such as the location of the facility, the hours of operation, the average number of patrons, the percentage of food sold, and the establishments past operating history of law and order on the premises.
5. As a licensee whose facility operated in the previous year, I, on behalf of the establishment affirmatively state that it has complied and will continue to comply with the requirements listed in Tenn. Code Ann. § 57-4-204, Prohibited Sexual or Pornographic Conduct Enforcement, or as a new applicant, I, on behalf of the establishment affirmatively state that it will comply with the requirements of Tenn. Code Ann. § 57-4-204.
6. The documents attached to this Affidavit include the written security plan of the establishment. I hereby affirm that the copies are authentic to the best of my knowledge, information and belief.

**WARNING:** "YOUR STATEMENT IS MADE UNDER OATH OR AFFIRMATION. PROVIDING OR INCOMPLETE INFORMATION ARE GROUNDS FOR REJECTION OF APPLICATION OR SUSPENSION OR REVOCATION OF PERMIT IF ISSUED. FALSE STATEMENTS OR INCOMPLETE INFORMATION ARE ALSO SUBJECT TO THE PENALTIES OF PERJURY UNDER TENNESSEE LAW"

All data, written statements, affidavits, evidence or their documents submitted in support hereof,  
or upon bearing hereon, shall be deemed to be a part of this application.

**FURTHER AFFIANT SAITH NOT:**

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

The State of Tennessee and the Tennessee Alcoholic Beverage Commission are Equal Opportunity Employers. Discrimination, in any of its practices, which is based on age, race, sex, color, religion, national origin, disabling condition or any other nonmerit factor is prohibited. Thus, the Tennessee Alcoholic Beverage Commission is an equal opportunity, equal access, affirmative action public entity.

FOR ADDITIONAL INFORMATION:

Contact the agency ADA Coordinator for this state agency: Assistant Director at 615-741-1602 or the Tennessee Office of Americans with Disabilities, Department of Personnel. Alternate formats of this notice are available on request.